The B. I. H. Bulletin

Number 3 | BOSTON, MASS. | January, 1945

The Executive Director Reports to the Staff

Since the last edition of the Beth Israel Hospital Bulletin, the Hospital has been enriched materially by the presentation of the largest gift ever made by a person of the Jewish faith in New England to any public institution. Mr. and Mrs. Nathan Yamins, a most public-spirited and generous couple, in honor of their Twenty-Fifth Wedding Anniversary have established a fund of $200,000 for the erection of a laboratory building on the grounds of the Beth Israel Hospital. This will provide facilities for our clinical, medical and surgical research laboratories. It is further intended that space will be devoted in this building for a students laboratory, essential teaching units, needed staff offices, etc.

The Hospital continues to be crowded and a constant large waiting list of patients desiring admission on the private and semi-private floors offers a distinct admitting problem. The solution rests in the ultimate expansion of the Hospital by the addition of a necessary private pavilion with a substantial number of available beds including facilities for obstetrical care. A timely approach to this problem is being developed with the hope of its successful fruition, we hope, at none too late a moment.

The fiscal year of the Hospital ending on September 30 revealed facts of interest to the members of the staff. Six thousand one hundred and eleven patients were admitted during the twelve months. This marked an increase of two hundred and thirty patients on the semi-private and private floors. The number of patient days was 67,638 as compared with 65,902 last year. Outpatient attendance shows a marked drop, not only exceedingly considerable in its reduction as compared with pre-war years, but also showing a loss of 4,653 clinic visits as compared with a year ago.

While the operating income was the largest in the history of the Hospital, the Hospital showed an increased operating deficit of over $18,000. This was due to the marked increase in costs of operation, particularly reflected in a larger pay roll totalling over $400,000. It is an interesting corollary that although we spent more money for salaries, we actually employed a fewer number of people. We have been obliged, however, to meet salary competition from industry in order to continue to function.

In conclusion, we proudly call attention to the fact that 191 names now appear on the tablet in the administration building listing 110 doctors, 54 nurses and 27 other employees in the service of their country.

DR. C. F. WILINSKY.

Surgical Dinner Guests

On Sept. 30, 1944, the House Officers on the Medical and Surgical Services completed their accelerated internships ("nine month wonders"). The Army and Navy took most of them. The traditional dinner was accorded each service. At the Surgical dinner, shrimp cocktail, *steak*, ice cream, etc., were mysteriously produced by the hospital dietitian, to whom our thanks.

On Oct. 1, 1944, we welcomed the new crop, some of whom had been our fourth year students a few days earlier. *In Medicine:* Albert Dorfman, Ernest Kahn, Thomas H. Mahony, Jr., Myer Sharpe, Alexander Albert. *In Surgery:* Louis Burke, Jameson L. Chassin, Felix Heimberg, Lester Persky, Ben Rosner, Bernard R. Sears. *In Pathology:* David Landan. *In X-ray:* Samuel Blank.

Dr. Elliot Sagall succeeded Dr. William Gray as Medical Resident. Dr. A. Feingold succeeded Dr. T. Saxe in Urology. Dr. L. Rosenfeld continues as resident in Surgery. Drs. Kurland, Black and Schlemenson are continuing as assistant resident.

Reorganization of Routine Diagnostic Laboratories

Since the opening of the Hospital, the work of the Pathology Laboratories under Doctor Schlesinger's direction has steadily increased from about five hundred specimens of various types per week for the first five years to about one thousand per week during the second five years and run close to two thousand per week for the past five years. Because of this increasing load and in anticipation of new laboratory facilities in the not too far distant future, it has been finally deemed desirable to subdivide this responsibility. Therefore, starting on October 1, 1944, the entire direction of a part of our Routine Diagnostic Laboratories has been taken over on a part-time basis by Dr. Mark Falcon Lesses. Doctor Lesses will in the future supervise the Chemical, Clinical, Outpatient Department, Basal Metabolic, Electrocardiographic, and Student Laboratories and Doctor Schlesinger will continue to supervise the Surgical and Autopsy Pathology and the Bacteriological, Serological, and Immunological Laboratories.

From the Editor

Since the last issue, the world picture has changed so markedly that much of our news is no longer "hot"—indeed the writers of letters from England and North Africa, are, for the most part, on the Continent and still moving. The next issue of the BULLETIN will be a pictorial *if* the overseas readers will send photos. If the latter are scarce or rationed, have your family, wife or sweetheart *loan* them to us. In the meantime, the Season's Greetings!

JOHN B. SEARS, M.D.

Stumping the Experts?

DR. MARK ALTSCHULE was signally honored by his election as an Alumni Member of Alpha Omega Alpha at Harvard University. At the presentation dinner at The Harvard Club, DR. JOSEPH AUB, with gracious understatement, dubbed him "The Encyclopedia of the B.I.H."

"The Pathology Laboratory went all out on the party it gave on Nov. 4, in honor of MISS BERTHA FREED, bacteriologist.

We held open house to not only the B. I. personnel but to many of those who had been associated with her in her fifteen years of service to the hospital. DR. SCHLESINGER presented her with a watch on behalf of her associates. MISS FREED is now on an extended leave of absence.

B. KIMBALL, *Secretary.*

Message from Miss Gilmore

TO THE NURSES IN THE ARMED FORCES:

Our thanks go to all the nurses who wrote to us after receiving the last BULLETIN. You little know how eagerly those letters are read and how grateful we are for correct addresses and the knowledge that the BULLETIN is reaching you safely. We are proud of the nurses who have received promotions, but we are equally proud of the ones who have been so located that they have not received that honor.

Your school of nursing is growing. Its enrollment is now 137. We think you will like the students we have selected, and we hope you would approve of the way they are learning to accept responsibility.

The addition to the Nurses' Residence is progressing slowly. Watching it grow has given us courage to feel that our school can grow to meet our nursing needs.

The fondest regards of all of us at home go to all of you who are away.

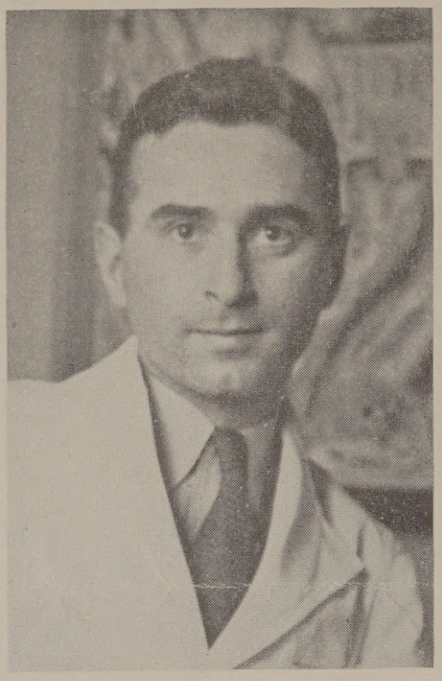
MARY C. GILMORE.

Sunday and Holiday Coverage in the Clinical Laboratories

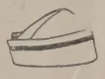
A technician will be on call for the clinical, electrocardiographic, metabolic and chemistry laboratories up to twelve noon on Sundays and Holidays throughout the year. On those holidays falling on Friday, Saturday, or Monday a technician will be on duty in the clinical and chemical laboratories in the morning, providing essential service in every department.

Requests for this service should come directly from the house officer or staff physicians and be submitted to Dr. Mark Lesses or Dr. Sigmund L. Friedman, Assistant Director. These requests should be submitted either the day before a Sunday or holiday or early on the Sunday or holiday morning. In the case of a request for a basal metabolism test, special arrangement with Doctor Lesses will be necessary, so that the technician can arrive at an earlier hour.

The staff is reminded that only a skeleton staff will be available, and every cooperation in limiting requests to those which are urgent or essential is solicited.



DR. MARK ALTSCHULE



Mrs. Brillard's Column

ELIZA BRILLARD, Surgical Supervisor, provides the following:

Several junior additions to our alumnae Stork Club group have arrived since the last BULLETIN; the hostesses:

Helen Goldberg Weiner, Muriel Elias Gordon, Ruth Crispeau Gibson, Emily Stollow Kudish, Ann Zeichick Rubin, Rhea Simpkin Katz, Laura Singer Rosenberg, Doris Gould Arbetter, Leona McLaren Leonard, Ethel Yaloff Slawsky, Mary Costa Blank, and **Alice Marks Kravitz; Frances Alper Mondlick, Anne Danzig Hoffman, Edith Grevior Holzhammer, Sandra Milstone Raphaelson.**

We have several new brides to report: **Libbye Shoer** is now **Mrs. Meyer Halperin.** Others are **Ruth Kowitz Stoller, Frieda Braverman Herman, Rena Kruger Katz, Gloria Apt Bloom, Helen Eluto Miranda, Isabelle Blaustein Bernstein** and **Ruth Davidoff Arnow. Sarah A. Cohen** and **Rose Gold** are also married to **Messrs. Bellak** and **Freed.**

Our science instructor, **Caroline Ober,** was married on Oct. 22nd, to **Mr. Kotkov,** a graduate student at Harvard University.

Esther Gilman is now the science instructor at Salem Hospital.

Ruby Bostwick is the nursing arts instructor at B. I and has one of the senior cadets as her assistant.

Shirley Zeidel is our cadet representative at an army hospital, being stationed at Cushing General Hospital in Framingham.

The new five-story addition on the Nurses' Home of B. I. Hospital is being built rapidly. There is a group of 36 new students, which boosts the size of our student body considerably. For those who wonder where the addition was added it is on the side towards Longwood Avenue, facing Brookline Avenue.

Charlotte Siegel, who is stationed at Camp Myles Standish, spoke on her experiences in Iceland at the first fall meeting of the student body held at the Nurses' Home.

The 1st alumnae meeting of this year was held Monday, Oct. 2nd.

The Cadet Nurse uniform is most attractive and adds to the beauty of the girls who wear it!

A letter from **Claire Sonis** who is following the Army around, says: "You should see me. You'd never believe it but I live in a tent with 3 others. The country is a little hilly, consequently we slope and half of my life is spent slanting! Will you picture this now—running water when it rains, field mice and water bugs as our constant house guests, army cots our only furniture, no lights or heat, and the nearest shower a quarter of a mile up the road. Our official uniform is pants, a beautiful G. I. outfit called 'fatigues.' On me it does not look good, and glamor is not a word you would use in describing any of us. Haven't been to a movie since I left Wales. My love to all, especially the new babies."

Selma Salensky is now a First Lieutenant She and **Anne Gurin** have gone to Australia for a 21-day furlough.

Minna Gold is attached to a hospital ship complement, awaiting orders. She saw **Lieut. Col. Blumgart** when she was at Rhoads General Hospital.

Alice Rosenberg, now stationed at the U. S. Naval Dispensary in the Fenway, and **Rose Plotkin,** who is stationed at San Diego, were in a while back and we certainly enjoyed the visit of these two Navy representatives.

Frieda Swedlove has joined the Nursing Service of the Royal Canadian Army Medical Corps.

Betty Waldman Gruenfeld is still in Australia, but we received a New Year's greeting from her on the High Holidays.

Gertrude Petrofsky is now a First Lieutenant.

Mildred Tapper and **Irene Parker** have joined the Army since the last BULLETIN was published.

Several of our girls are now in England. They all wanted to travel, but did not think they would do so by courtesy of Uncle Sam. The new graduates are waiting to take their State Board Examinations, hear their results, and will then leave civilian nursing for military service. That's all from us over here, except to say hello, you are all doing one

fine job, and we hope to see you back here before long.

Dorothy Messer Berger is now somewhere in England.

Esther Burgen is now stationed at Deland, Florida.

Beatrice Cohen is now with the Rehabilitation Center of the Veteran's Bureau in Boston.

Vivian Grodzinsky has left the sixth floor and is going to Florida for the winter, her place being taken by **Miss Ann Ofstrock.**

Sylvia Semer has left 4B to take charge of the nursing service in a new small private hospital. **Frances Simon** has been made head nurse of 4B and **Mildred Bovarnick** is her assistant.

Florence and **Genevieve Hershfield** are now civilian nurses in an Army hospital.

Selmma Mistofsky and **Mildred Sherman** are working in Florida.

Marjorie Weisman has gone to California for work and a change of climate.

Jane McCarthy is now **Mrs. Lynch** and is still store nurse in R. H. White's.

Shirley Edelman Pick is now at home awaiting a new arrival.

Jeannie Reid is now taking a pre-medical course at Boston University.

Pearl Ross is now in charge of the dispensary at Lawley's ship-yard and **Helen Tallen** is doing industrial nursing at the same yard.

Goldie Shapiro is being married the early part of December and may go to Honolulu.

Mary Deegan is now assistant head nurse on 3A.

MRS. CHARLES SLOSBERG and MISS SALLY SMITH gave secretarial assistance in the preparation of this issue.

Helen Berger Mizner and her family have moved to California as have **Sophie Eisenberg Serkin** and her family.

Hilda Miller is a Captain in a general hospital somewhere in France.

Maybelle Andrews is now a Captain and has been in an evacuation hospital in Italy.

E. B.

Lt. Charlotte Helfand: "I am now stationed aboard a hospital ship—The U. S. S. Hope. Fortunately I joined the hospital complement in time to be present at the commissioning ceremony. It was most impressive for at that time the colors of Old Glory and the flag of the American Red Cross were raised and the ship became our home. It is quite a large impressive vessel. The hull is painted white and illuminated and red crosses are painted most conspicuously. We expect to be able to care for at least 700 patients. We believe that we will be not far behind the combat vessels and will aid in removing the wounded from active theatres and beach heads and returning them to the States for further treatments. We sail entirely unprotected and at our own risk. I believe that the future will make up for the idle years we spent waiting to help the boys in combat. I do not expect the following months to be pleasant or happy ones but necessary nonetheless.

May I use this opportunity to express my best wishes to you and all my friends at Beth Israel and hope for a speedy reunion."

Dorothy Bernstein: "The girls and I want to say hello—we have by no means forgotten any of you or our old friends at Beth Israel, and hope that we are not forgotten. We five who joined together are still together—our number was increased to six by **Sally Zwaap.**

Our hospital is set up in one of the best parts of England (so everyone says). Our quarters are very comfortable for this theatre of operations. We have wooden barracks, with individual rooms housing one or two girls. **Ruth Feldman** and I live together in a fairly good sized room with rather outmoded equipment. We sleep on regular army cots; we have been furnished also with two chairs, a high and narrow wardrobe, and a very small old fashioned coal stove, which so far has not yielded too well to our rather timid attempts at heating our living quarters. For bureau and dressing table, old orange crates do very well—camouflaged with colored drapes we brought with us.

Our work is extremely interesting, and we are gaining a tremendous amount of experience. I had been working on an orthopedic ward for some time, and I have learned a great deal while there about the care and treatment of a great variety of orthopedic cases. At present I am on a ward of Officer patients, and we have a variety of ailments there—some medical, some surgical and a few orthopedic.

Miriam Raphaelson is in the operating room; the rest of us work on the wards. We also have a training schedule to keep up, so that there really isn't too much free time for us to worry about.

Sally Michelson: "Greetings from England: It surely is a pretty little country, but there is no place like home. **Miss Rudnick** and **Miss F. Winer** are here with me. We are living in style with hot and cold running water in our rooms. Am having loads of fun trying to learn how to convert American money with English currency."

Emily Daly: "As I read and reread the Bulletin I realized how Beth Israel is doing its part and it certainly is well represented in all corners.

I spent a few months in North Africa working in a station hospital and am now at a port of embarkation with a hospital ship company about to make its first voyage.

MEDICAL RESIDENTS AND HOUSE OFFICERS, 1944

Front Row: (left to right) George Kurland, Elliot Sagall, William Gray, Solomon Garb. Back Row: David Myerson, James Schoenberger, Melvin Black.

SURGICAL RESIDENTS AND HOUSE OFFICERS, 1944

Front Row: (left to right) Theodore Saxe, Leon Rosenfeld, Benjamin Moorstein, S. M. Schlemenson. Back Row: Melvin Taymor, Alexander Rutenburg, Irving Harrison, Alexander Albert, Morton Orlov.

S/Sgt. Paul Showstack, one-time BIH photographer, and now attached to Col. Ed. Churchill's Headquarters (in Africa and now in Italy), has sent an extraordinary collection of photos taken in Africa and Italy. These have been exhibited in the Dining Room Corridor from time to time. The collection includes interiors, landscapes, natives and well known Boston surgeons. He also submitted a thirty stanza poem called "Panorama of Italy." We'll save it for a homecoming banquet!

Com. Ross Mintz reports that Miss Leah J. Rosen, '42, "a fine and capable person with excellent nursing ability," is doing yeoman work at the Naval Hospital in Portsmouth, N. H.

Maj. Charles G. Mixter, Jr., has received the Air Medal and two Bronze Oak Leaf Clusters for meritorious achievement as a Flight Surgeon, reports the April issue of the Harvard Alumni Bulletin.

Dr. Arthur Brower is practicing surgery in Los Angeles, at 6022 Wiltshire Road.

Capt. Louis Nathan is in charge of Orthopedics at the Veteran Hospital at Aspinwall, Pa.

On Oct. 9, the 1944 Combined Appeal Dinner for physicians was given at the Hospital. The Women's Auxiliary led by Mrs. A. E. Pinanski, served. The meeting was addressed by Dr. Wilinsky, Mr. Louis Salvage and others, including **Major Lou's Hermanson,** who discussed the viewpoint of the overseas medical officers. Incidentally his Hospital ship, the Shamrock, has transported over 18,000 casualties in the Mediterranean Theatre. This is his second trip home and were we thrilled to see and hear him! The goal of the 1944 drive was two and one-quarter million dollars, of which one and one-half million is to be used overseas for rehabilitation, etc.

At the Annual Meeting of the Medical Society of the tate of New York **Dr. Hyman Green** addressed the Pediatric Section on "Congenital Heart Disease."

Capt. Alfred Levick was a recent visitor. He had been at Battey General Hospital in Rome, Georgia, and was on his way to California.

Maj. Herbert Sherwin is overseas with the 81st General Hospital. He was in charge of the Officers and Nurses Section on the Medical Service.

S/Sgt. Elliot Citron, twin brother of our former pharmacist and of one of our nurses, writes after over twenty months in Australia where he is assigned to a dispensary, assisting medical officers and practicing symptomatic medicine. Many readers will recall playing two penny black jack with him in the intern's quarters.

Capt. Jack Mezer has been in England for about fourteen months attached to the surgical service of a Station Hospital. He received his F.A.C.S. with the class of 1943.

Capt. Louis Zetzel, now stationed in Oklahoma, is co-author of Infectious Mononucheosis in the Army, which appeared in War Medicine in June, 1944. The summary states in part: "The one pathognomonic feature is the finding of "leukocytoid" lymphocytes in the peripheral blood. A positive heterophile reaction, though helpful, is not essential to the diagnosis."

"If your doctor should order you out of bed the day after your operation, do not think he has suddenly lost his mind or that the hospital bed shortage has become even more acute. He would only be giving expression to a significant and striking change in surgical care—namely, making patients more active in bed, getting them out of bed earlier and getting them home sooner." Thus begins a piece called **Streamline Your Convalescence** written by John B. Sears and Arnold Starr for Readers Digest but appearing in the August issue of Hygeia.

Lt. Col. H. L. Blumgart and **Dr. J. E. F. Riseman** spoke before the Conn. Medical Society this Summer.

From **Lt. Col. B. M. Banks (Shick General Hospital, Iowa):** "This hospital has now been declared a medical specialty center which means that 80% of the beds from now on will be devoted exclusively to medical patients. At present we are in the midst of reorganization of our professional staff. Some of the surgeons are being ordered out and replaced by interns of various interests. We are extremely active with overseas evacuees. For example, there are perhaps 80 skin cases, severe generalized eruptions of diverse types from the South Pacific, right out of "Sutton". Our white man's skin just cannot take jungle dampness, leeches, irritating plant oils and tree resins, insect bites, constant perspiration, and K rations. We are also seeing much malaria, some filariasis, and a good deal of jaundice, some with serious liver degenerations, ascites, and associated metabolic stigmata. We have some tropical sprue, sarcoidosis, and amebiasis with liver abscess.

Surgically we get a surprising number of interesting lesions. At present some colonic carcinomas, diverticulitis, regional enteritis, gastric ulcers, plenty of large diaphragmatic hernias, some common duct stones, and several cases of stricture of common duct following intra-abdominal high explosive shell fragment wounds. Female dependents provide a reservoir for good pelvic pathology. We do very little thoracic surgery as these cases have to be transferred to Fitzimmons General Hospital."

He has written an official 230 page Army Manual called, **A Manual of Boards for Medical-Officers,** the purpose of which is to aid medical officers in the disposition of their cases.

Flash! We have just learned of Ben's promotion to a full Colonelcy, also that his book is in its second edition and that it has been praised by General Somervell's office. Congratulations!

Capt. Jerome Mark found it a pleasure to be able to read of the activities of the old B. I. crowd, which he had lost sight of since they are spread all over the world's various battlefronts today. "I'm still wandering around England", he writes in a V-mail letter, "as you see. We have functioned from time to time, but never as busy as Gurwitz (Jack) has been. I've been hearing about old B. I. people, and have written to Al Hurwitz but have never been able to arrange a meeting.

Tell Nate Chaset I carried 2 cystoscopes for 10 months with an Evacuation Hospital which he would be welcome to.

The English weather is our least worry. The beer and liquor shortage seems more serious! Receiving the Bulletin was almost like long-awaited reunion."

Lieut. (j.g.) Howard Scal was somewhere in England on July 26th, when he informed us by V-mail that the fresh fruit was what they missed most over there, to say nothing of the sad state of the liquor situation! He was on an invasion ship but was unable to write us any of the details. He also wants to know "how are all the babes on 4 C?" He recently returned to Boston for a new assignment.

Dr. Harry C. Solomon has been appointed Medical Director of the Boston Psychopathic Hospital and Professor of Psychiatry at Harvard Medical School. He succeeds the late Dr. Macfie Campbell.

Dr. Daniel Goldfarb received his F. I. C. S. (I for International); also became father of another son.

Lt. Merrill B. Rubinow: "The beauty of the English countryside and the charm of its people are making Anglophiles of us, but—we all wish we were home."

Major Meier Karp is Chief of Orthopedics at Nashville, Tenn.

Lt. Col. Samuel S. Levinson (please note promotion) helped chase Togo from one end of New Guinea to the other. "Until I ran into Mike Fishman I hadn't seen any of the men from Boston. We have been busy at each beach head with a preponderance of orthopedic work and the rest general surgery."

Lt. Com. Herman Sternstein is stationed at a naval base on New Guinea.

Lt. Archie Abrams who returned to Boston almost a year ago after his duty on an LST during the invasion of Sicily and Italy, is in San Diego expecting duty on an Assault Transport in the Pacific.

Capt. Bernard Glueck has returned from overseas and is an instructor in Atlanta.

Maj. J. P. Cohen, attached to A. M. G., is said to be delivering babies in Holland.

From "somewhere in New Guinea," we gathered the following news from MAJOR ROBERT ULIN, from a letter dated June 5th:

"A few days ago the long-awaited issue of the Bulletin finally reached me and I'm ever so grateful for it. It provided the answer to most of the questions that I had been anxious to know about and could learn by no other means.

Since my arrival in New Guinea 3 months ago, our Evacuation Hospital unit has moved several times, one of the recent ones being on an invasion into enemy territory the day after the initial troops had landed. Fortunately for us, Jap resistance was light

and we weren't in any great danger. Nevertheless, we made use of our fox-holes during the nightly air-raid alerts.

Living conditions are naturally quite rough in this jungle country—rain, mud, heat, insects, and sleeping in tents about 100 yards away from the latrines. But one becomes accustomed to all these things. Even operating in a tent seems natural to me now and I'll have difficulty adjusting myself to the luxuries of the B. I. operating rooms when I return. Our 40 nurses were left at our first stop overseas, so we use enlisted men technicians at operations and for nursing duties on the wards.

The natives in New Guinea travel chiefly by water in outrigger canoes, trading native fruits for under-shorts, which they prefer to their more common loin cloths, or our cigarettes."

Bob is now in the Philippines.

MAJ. ADOLPH MELTZER writes from the 181st General Hospital somewhere in India on Sept. 5th as follows:

"I was transferred here two weeks ago and am at present assigned to the Othopedic Service, and am Chief of Septic Surgery. Although things are quiet here at present, as soon as the monsoons cease and the real Burma-China offensive begins, I feel certain that we shall see some real action. I expect it within 3 months. Shall write again when that happens." He is sharing quarters with Capt. Harold Gorney.

MAJ. ARNOLD SEGAL sent the following from Normandy on July 2nd:

"Fortunately my surgical team was one of the lucky ones detached for duty with the assault forces. We came in on D1-day and spent the night off the British coast. The next day we had a panoramic view of the entire operation since we cruised the entire length of the beach in order to reach our debarkation point. It was a colossal sight to see those hundreds and hundreds of ships pouring men ashore in landing craft. The naval vessels were pouring salvos into the beaches as we sailed by. In spite of the wonderful target all those ships offered, we saw not one Jerry all that day.

That evening we piled into landing craft which deposited us in waist-deep water off the beach-head. Walking ashore through that cold water, carrying full field equipment and our barracks bags made me realize that garrison duty was over with. I dug in about 200 yards off the beach using an axe and a helmet. Every time we thought we were deep enough, Jerry would lay a few eggs and we would start digging some more. He sure kept us hugging the ground that night. The following morning we discovered why we had been so thoroughly entertained. Some kind soul had ordered us to sleep right in the center of an ammunition dump!

That day we went to work at one of the beach hospitals. Six operating tables running 24 hours a day was not enough to handle the volume of cases.

Throughout that day we were shelled and strafed. A flaming plane crashed about 50 yards from us.

The next day we moved up 5 miles to a field hospital and spent the next few weeks making numerous moves as our platoons moved forward in support of divisional clearing stations. We turned out a lot of work during this time, handling only non-transportable cases. We became quite proficient at digging since we slept and lived in foxholes.

Incidentally, I am recovering from a fracture of my big toe, sustained when I stubbed it against a tent pole in the process of diving into a ditch during one of the raids!"

A later letter on Aug. 4th recounts **Major Segal's** more recent experiences in Normandy.

"The past two months have given me enough adventure to last me the rest of my days! For the assault in Normandy, my team was attached to Al Hurwitz's unit, and our combined groups did just about all the surgery done over here for the first 5 or 6 days of the invasion.

The medics as usual got themselves into all sorts of silly and dangerous situations chiefly because no one thought it important enough to give us maps and to keep us informed as to the tactical situation. Al Hurwitz and his team led an infantry attack for a while without realizing it! My team almost captured Cherbourg five days before our troops took it! All the medical groups had similar experience.

The bottled blood has saved countless lives. The mortality rate has been surprisingly low due to the existence of penicillin, sulphadiazine, antitoxin, blood and of course, adequate surgery. Our injured boys are well-cared for."

CAPT. LEONARD M. KLEIN enjoyed his copy of the BULLETIN and compared it to receiving letter from a number of old friends from B. I.

After 18 months in the Solomon Islands, Capt. Klein went to New Zealand for a rest. He found snow there and enjoyed a taste of "a decent climate and a civilized country, where we enjoyed a social whirl with the friendly and hospitable people there." He had his appendix removed while in New Zealand by Col. Edward Ottenheimer, who was formerly on the Massachusetts General Hospital staff.

Capt. Klein states that "at the rate we are going, our Asiatic-Pacific bars won't be long enough to carry all our combat stars, nor our sleeves long enough for all our overseas stripes!"

LIEUT. COL. JABOB BREM, in England on Aug. 29th. says:

There is "not much Pediatrics over here, although while in the States I had an excellent clinic at Maxwell Field.

Speaking of children, my wife presented me with another boy about a week ago.

Ed Budnitz and Sid Cohen dropped in to see me a while ago. It was swell to see them! I was interested to read in the Bulletin about my sister-in-law, Adele Hurwitz, who is in the South Pacific Area."

CAPT. GEORGE WHITE, attached to the 2nd Convalescent Hospital in Europe, complains that we don't put out the BULLETIN often enough.

He explains that "recently we have given up our hospital site in villas by the sea, and are now situated under canvas, as neighbors to some general and station hospitals. The transition from villas to tents as quarters wasn't as bad as we had anticipated, because we do have such comforts as hot and cold running water in the wash rooms. The individual private tile bathroom has given way to the large Chic Sale structure (capacity-six), where the most interesting discussions hold forth. Lou Hermanson was around with a load of patients for us last week but he didn't stay long enough for me to see him. I hope to see him, so that I can get some news from home. I received a letter from Capt. Herman Biegelman who is in Italy, and he told me he saw Ed Edwards and Jack Gurwitz, who are with evacuation hospitals."

A letter of great interest reaches us from DICK WEINERMAN, dated France, Aug. 3rd:

"This hedgerow-encircled, bee-infested, hospital-tented Normandy field is quite probably one of the least unpleasant. Busy as we've been, I have run across enough guys from B. I. and have nostalgically recalled Brookline Ave. days very often.

I've been lucky. Landed in England in time to play tourist and to live in private homes in a Midlands town, so that I have come to respect the wartime perseverance of the people there.

My D-day was early in June. Our set-up is the envy of many an ETO medic. We form highly mobile surgical teams, which tear back and forth across the country-side, dumping our sleeping bags wherever casualty bottlenecks occur. Hardly a sedentary existence, but a most interesting one. It's carried me from Caen to Cherbourg.

Being superbly trained in internal medicine by the B. I., with finishing touches applied during 6 months at a really excellent Station Hospital Medical Service at Drew Field, Fla., having been transformed into a chemical warfare expert at Edgewood Arsenal, and having been assigned to a shock team by our group headquarters, I immediately set to work, 2 hours after landing in France, as assistant surgeon on an Orthopedic Surgical team. I worked with a crack surgeon, an anaesthetist, nurse, and 2 corpsmen, all developing a team technique and routine that proceeded to turn out a great number of highly varied orthopedic cases in each of the many medical installations we hit. I've treated unbelievable shocked men in the hectic pre-operative wards of a forward field hospital. I've given countless anaestesias in the superbly functioning operating tents of evacuation hospitals. For war wounds from crown to heel, I've treated every possible kind, till it seems that I've never done anything else.

Right now I'm in a rear-area unit, with a ward for malaria and one for contagious cases. This malaria is of A-1 seriousness, as great numbers of recurrences from Mediterranean area continue to pile up, as front-line conditions knock down the boys' resistance. What's to be at home, after the war, when thousands returning from the Pacific and Italy commence these relapses?

I've seen Arnie Segal turning out expert work and missed but have heard peons of praise about Al Hurwitz's chest work.

Please relay my best to all the doctors at B. I. who may remember me. Hope the hospital runs smoothly under wartime difficulties."

LT. COMDR. BERNARD JACOBSON

LT. COMDR. BERNARD M. JACOBSON:

"Belong long way me say you fella hoba-hoba" which, in good Melanesian pidgin, means "from far away I greet you."

"Boston in general, and the B. I. H. in particular, is the scarcest thing in these parts, but one recent visitor won't forget us easily. I refer to Hank Kontoff, whose ship, the Bountiful, brought us casualties from Guam in August. That evening after unloading we entertained the ship's officers in no uncertain manner. Leonard Jarcho, who graduated from the Medical Service in January, 1943, is on a famous island about sixty miles away, have seen him several times. He's probably moving up to the Philippines soon.

This tiny island, after eleven months, we have found ourselves taking for granted. After three and a half months of construction we opened for patients on March 20th, and in six weeks we had almost a thousand patients—and that's without many combat casualties. We've continued busy, with extra spurts following the battles of Saipan and Guam,—and even now we're still entertaining casualties from Pellilu, which was a bloody business, far worse than the news reports. But with the future action so far away most of us officers expect orders, in the next few months, to duty up north. For medical officers the motto probably holds—"Golden Gate in '48!" About a fifth of the officers have recently been ordered in the direction of the Rising Sun. . . . The duty here has been all that I have wished for, with a rich variety of both cosmopolitan and exotic diseases, and with a well-run hospital and a closely knit staff. Notable has been the Orthopedic Service. Life here, the longer we remain, leaves the "old country" more and more remote. One's memory sure can fade! The work-day is from 7 A.M. to 2-4 P.M., then a tiny bit of shut eye, then volley-ball or swim or fishing (bonita, barracuda, tuna, red snapper), then clean up, a few bottles beer, dinner, maybe a movie, if not too desultory, write letters, read, maybe a dance at our club, when you can find one of our nurses not tied to more than a dozen visiting officers,—and so it goes. This is now "Spring," rains only once daily, Summer is coming, and from December to May it "just rains."

LIEUT. EDWARD D. FRANK:

"After four months of preliminary training in the States (Carlisle and the Army School of Roentgeneology) I was sent to a station hospital on the Alaska Military Highway.

My present assignment is at Camp Canol in the Northwest Territories, at the origin of the pipeline which carries oil from the local wells to Whitehorse. My dispensary takes care of a 99% civilian population consisting of Standard Oil men and contract employees who maintain the difficult road to Whitehorse, some six hundred miles to the southwest. Camp Canol is quite interesting from an extra-professional point of view. Located less than one hundred miles below the Arctic Circle it is farther north than any other post of the U. S. Army. The broad Mackenzie River is easily viewed from my igloo as it streams northward toward the Arctic Ocean. Wild animal life is abundant. Black bears parade nonchalantly about the camp grounds. Silver foxes respond to friendly whistle calls. My pet waits for me at the edge of the air strip each day at noon. He is particularly fond of American cheese and Hershey chocolate bars. Traveling the road to Whitehorse in the Yukon one rarely fails to come upon moose, caribou and mountain goat. Soon winter will set in and I will make 'bush visits' by dog team furnished by native Indians."

CAPT. SAMUEL B. BEASER is stationed close to "home base" at the Waltham Regional Hospital, where he is Cardiac Consultant for the First Service Command.

CAPT. SUMNER D. LIEBERMAN is now an experienced campaigner. In Normandy he had a few close calls when the bombs began to drop while he was operating on an ankle.

"This summer the work came in gigantic spurts, during which we would receive as many as 125 patients—all requiring surgery —within 24 hours.

We have had the widest possible variety of cases, and, of course, most of them have multiple wounds. The percentage of eye cases has been very low—under the 8% figure of the African campaign. When the eyes are hit they are usually ruptured, requiring enucleation.

I am supposed to be the ENT man, also, and have had to deal with the injuries of the sinuses and mastoid, but thus far have had no complaints from the rear. Often three teams will operate on one patient, in relays or simultaneously if possible. We usually do the brain first, then the wounds of the face are debrided and cleaned up, then I remove the eye, and the maxillo-facial team does the plastic work on the face."

Lynn Surgeon Saving Lives on Battlefront

Performs Delicate Brain Operations

This headline appeared in the Boston Traveler in a long story "from an Army Evacuation Hospital on the Moselle Front (Nov. 18) by Correspondent Andrew Tully.

"The Army calls then 'surgical shock troops,' and it's a good name for these teams of topflight medical men who wander gypsy-like around the battlefronts giving of their skill so fighting men will live to fight again.

When a frontline hospital gets a flow of casualties with brain or spinal injuries, it sends out an SOS for expert help and often it is the team headed by Maj. Louis Barron of 101 North Common Street, Lynn, that shows up a matter of only hours later, ready to go to work."

"Tonight I sat in Maj. Barron's attic room in a French hospital requisitioned by the Army and listened to the story of his team while we ate hors d'oeuvres of sardines and onions between slices of bread pilfered from the kitchen and drank good, smoky Scotch. In the center of the cement floor an Army potbellied stove belched heat while from the rafters over Maj. Barron's head, as he sat on his rickety cot, hung his day's washing—socks, underwear and shirts.

Back home, Maj. Barron would do his work in a spotless, modern hospital, collect a handsome fee and go home to the comfort of his own cheerful living room. Over here he works in a tent—often around the clock —cleans his own boots of the country's eternal mud, does his own washing and then climbs four flights of stairs to an ugly chamber in the rafters of an anciently-appointed building."

"Members of the Fourth Auxiliary Surgical Group, the team members have no home. Their job is to go where they are needed; to be on call constantly; to be ready to operate at a moment's notice; to eat wretched food; to sleep badly, if at all, and to risk their necks under enemy shells and enemy bombs. They have been on that job since July 21 and in that period they have performed more than 75 major brain and spinal operations, a large proportion of them under fire."

MAJOR ALFRED HURWITZ has some interesting excerpts from his V-mail letter from France, dated June 12th, right after the first D-day:

"I am writing this letter from my fox-hole. All is tranquil, we have been earthy animals, living in the ground and eating C and K rations. We don't mind these hardships because most of us are glad to be alive. We expect to leave this clearing station soon and go to a field hospital where we shall continue working. Our fighting boys were magnificent! Nothing stopped them, even certain death. To work our heads off for those men is a distinct honor and privilege."

Then on June 18th, from an airmail letter from somewhere in France, he writes of the invasion:

"You may have inferred that I was here before it started. It was an experience that I shall never forget, one that I shouldn't wish to relive. The infantry men were grand in the face of a withering foe. My team worked on the beach, giving morphia and evacuating the wounded to ships in the harbor. After 8 hours of this work we found the clearing station where we worked during the next few days. We were rushed and operated at a tiring pace.

The interesting cases receive their first definite treatment at our hands. It is a humanitarian opportunity, taking care of these non-transportable cases, chest and abdominal, severe compound fractures and patients in severe shock. We work 10 days on 8 hour shifts and then are able to get a much deserved rest. We are now in a Field Hospital, where the set-up is excellent for the above types of cases."

Peripatetic Henry Has Reunion in the Pacific

LT. COM. HENRY KONTOFF is attached to the hospital ship, the U.S.S. Bountiful. He writes:

"I met two of our former nurses, Adele Hurwitz (recently promoted to First Lieut.) and Sylvia Harris, in the Admiralty Islands about two months ago. A few days ago Charlotte Helfand came aboard to visit with me and talk about the B. I. and Boston. She is an Army nurse now on the hospital ship, Hope, which is anchored in the harbor here. In all my travels the only Boston doctor I have met is Bernie Jacobson, who is on Russell Island. I spent an evening with him about a month ago. I have missed Walter Levenson on two occasions but hope to run into him soon."

CAPT. M. SWARTZ, former Nose and Throat House Officer, was stationed in England for a long period before crossing the Channel to France, where he saw plenty of action during the early days of the Normandy beach-head. When last heard from he was on very active duty in Belgium.

LT. COMDR. WALTER S. LEVENSON wrote, in May:

That he had taken a long plane ride "down under" to do a special job on one of the stepping-stone islands in the Pacific, where the doctors wear helmets and overalls and use underground operating rooms and wards. He has also seen duty in a small boat, giving medical and surgical attention while seasick himself.

On July 30, 1944, he wrote Dr. Mixter that he had been detached from his Construction Battalion with which he had left the U.S.A. and had been sent to the Phoenix Group. When last heard from he was moving up to the front with a large hospital unit (his address: Gropac 9 c/o F.P.O., San Francisco).

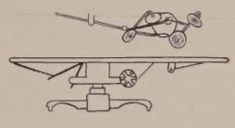
He has received a special Naval Commendation for renovating an old Army dispensary, which was taken over by the Navy, to the point where it was referred to by a medical inspecting officer as "the finest dispensary on any island we have inspected. He not only carried on his medical duties as an experienced and able physician but has also shown exceptional qualities as an organizer and executing." Congratulations are in order.

LIEUT. COMDR. H. J. BAKST:

"After approximately twenty months in Newfoundland, the navy has been kind enough to give me a change of scenery, and I find myself hibernating in an Air Station in Brunswick, Maine. Fortunately I am able to have my family with me, and that compensates for a great deal, despite the fact that the change in duty has meant but little change in climate."

CAPT. DAVE WEINTRAUB:

"My experiences in the army have been rather varied. I went to Carlisle and from there was shipped to a station hospital scheduled to go overseas. About a week before it left I was pulled out and sent to the Army and Navy General Hospital. We are located in Hot Springs National Park, Arkansas, which is a typical Spa town. My job here is to teach surgical theory and technic to WAC enlisted personnel, so that they can function as nurses' aids. It's a far cry to Obstetrics and Gynecology but it's a job that has to be done. I can say, however, that women are playing an important role in my army career."



CAPT. LEON H. MANHEIMER flew home for a short visit after over a year in Southern Greenland. We are abstracting portions from a notable report which he sent to Dr. Fine. Because of lack of space we must omit his scholarly description of fjords, icebergs, geography, the climate, etc.

"The problems one encounters here from a professional standpoint are relatively minor. Respiratory diseases are practically non-existent. I've only seen one case of pneumonia in 13 months! Venereal diseases are also negligible because of the minimum of contact with the natives, many of whom have gonorrhea and because of absence of white women —for all practical purposes. The only problems of any significance is the general dissatisfaction of the troops, due primarily to lack of social life, isolation and monotony of daily activities.

There are about 18,000 Eskimoes and several hundred Danes in all of Greenland. Practically all of them live on the West coast of the island.

I'm not familiar with the natives of North Greenland who supposedly live in igloos or tents (depending on the season of year) and whose means of subsistence are hunting furred animals and such large sea-occupants as seals, walrus, narwhal, and whales. Their brethren to the South live a less nomadic but not much of a 'civilized' life. These I've gotten to know fairly well.

The Eskimo is of small stature, rarely exceeding 5½ feet in height. He is typically mongoloid in appearance although some among them have an admixture of Danish blood. They look very youthful in their teens but they age rapidly so that a man or woman of 35 may look like 50 or 60. I don't think you can ascribe it solely to the ruggedness of their existence. For they form an unusually happy and cheerful crowd and have no worries to speak of.

In spite of their low stature, they are all possessed of remarkable strength and endurance, the women as much as the men. The women get sufficient opportunity to develop their muscles since they do practically all of the manual labor in the community. Outside of hunting and fishing, the male has no duties save for occasional repairing of his equipment and for frequent connubial relations. The women do everything else from creating clothes for the household to acting as stevedores. I was struck, while visiting Julianehaab, to see young girls, some of them not older than 13, carrying coal in baskets and sacks from ship to bunkers on shore while men were standing around watching idly or directing these stevedores. Apparently, according to their code, such manual labor would be a disgrace to the hunter; and the women would feel embarrassed if a male offered help.

They live under extremely squallid and crowded conditions. The entire family, no matter how large, lives in a one-roomed dwelling, usually not over 14 by 16 feet. Inside such a dwelling, which is rarely over 7 feet above ground, there is a small kerosene lamp or open-pan lamp, which uses blubber oil for fuel. There are no trees and therefore no wood in Greenland. The major portion of the 'house' is occupied by the family bed which accommodates everybody. Suspended along the low ceiling one usually finds articles of clothing which had been hung to dry. This still further reduces the height of the room, so that one is most comfortable inside while sitting on the floor. Somewhere on the floor you may find a few cooking utensils, a sowing basket, and the ever-present pot which receives urinary donations from members of the family. This urine is put to a variety of uses, from tanning of hides to shampooing of hair.

Ventilation is practically nonexistent in the native dwellings and the stench therein is terrific. The Eskimoes look upon water as a medium of transportation and source of food. The thought of a bath appears to them both ludicrous and abhorrent. Water never touches their skins except accidentally. None of them know how to swim, although they live on the seashore. Accordingly, if their kayaks happen to turn over in rough weather, they drown unless they are adept at righting themselves. I have heard it stated that some natives use blubber or urine to cleanse their bodies. This, I haven't been able to substantiate.

The Eskimoes, who are all Lutherans, breed regularly, births occurring about once yearly in each family. A child is not weaned before the age of three years and seldom before five years. The weaning even then is not complete, for the mother's breast remains a frequent source of nourishment to youngsters until they reach maturity. It is not rare to see a boy in his teens stop fishing, bring his kayak alongside the umayak and satisfy his thirst at his mother's breast which is readily offered to him. It is a matter of pride to a woman to possess this ability. She

is considered old when her breasts run dry.

Girls start working around the house in their early teens and learn early to sit with their legs extended and backs bent forward. After a few years of this they begin to show the 'stenographer's' hips and walk with a peculiar waddling gait. They usually marry in their late teens or early twenties. Premarital sexual relations are not uncommon and the only obligation entailed upon the lucky father in such a case is that he help feed the child. There is no stigma attached to such an occurrence since the Eskimoes look upon sexual relations as a natural phenomenon, part of their everyday life, and no more of a taboo than eating. The wife-trading so common in the North, is infrequent in South Greenland because the southern hunter rarely leaves his community for extended periods of time. In the North it is common for a hunter to borrow somebody else's wife as a companion on a hunting trip providing his own wife cannot go along for some legitimate reason, such as sickness or pregnancy. A woman is of inestimable value to a hunter away from home not only as a connubial companion but even more so in the sundry other functions which women ordinarily fill in the home. While the man is out hunting, the woman mends or dries his clothes, so that the hunter needs less clothing on his trip, thus reducing his baggage and allowing more room for meat and skins on the return journey. She can also increase the load of skins to be carried home by curing them as soon as he brings them in. The Eskimo whose wife had departed on the hunting expedition simply moves into the home of the particular hunter who borrowed his wife and stays there until the latter has returned. Although extramarital relations exist in all native communities, little is done on the sly. The latter is generally frowned upon. Apparently the husband considers it his prerogative to grant permission to a friend or stranger who may desire to sleep with his wife. If a white man makes such a request, the husband considers it an honor that his wife is the chosen one.

Among the medical problems of the Eskimo, tuberculosis is paramount. Some communities are entirely free from it, but the disease is prevalent in the large majority of native villages. The infant mortality due to this disease is appalling. It also accounts for the slow increase in population in spite of the high birth rate. Perhaps this also is the cause of the short life span of the native. Most of them die in their thirties or forties either by drowning or from TB. Gonorrhea is also very prevalent. The local Danish physicians insist that there is no syphilis among the natives but I'm inclined to doubt this.

The Eskimoes approach disease and death with a fatalistic attitude. They are happy if their complaints do not indicate a serious illness, but on the other hand, they do not appear particularly unhappy or afraid if death is imminent. An Eskimo seldom does any more work or provides any more food than is absolutely necessary for the present. They fish or hunt when they are hungry or need money for cigarettes or tobacco. The men utilize their leisure in repairing their hunting equipment or chatting with friends. Women have no leisure. They are all inveterate smokers, young or old, male or female, and would rather buy cigarettes or tobacco than food. Most of the natives chew the ashes of a pipeful they have just finished smoking!

Most of the Eskimoes are naturally lazy and idle and will do no more work than is essential for the satisfaction of their hunger. Planning for the future and security do not form part of the life of these cheerful, naive, and friendly people."